

**PETITION FOR NAME CHANGE PER VA. CODE § 8.01-217
(ADULTS ONLY)**

USING THIS REVISABLE PDF FORM

1. Copies
 - a. Original - to court.
 - b. Additional copies as dictated by local practice. Please contact the local circuit court clerk's office to determine if additional copies are needed.
2. Prepared by person requesting a name change (Petitioner)
3. Attachments - none.
4. Preparation details –
 - a. This form can only be used for adults petitioning for a name change. It should not be used to petition to change the name of a minor.
 - b. The signature of the petitioner must be acknowledged by a clerk, deputy clerk or a notary public.

**PETITION FOR NAME CHANGE PER VA. CODE § 8.01-217
(ADULTS ONLY)**

DATA ELEMENTS, *Page One*

1. Court name. Check the appropriate box to indicate if it is a county or city.
2. Style of case – insert name of petitioner (person requesting a name change).
3. Name of petitioner (person requesting a name change).
4. Full birth name of the petitioner.
5. Address where the petitioner resides. This should be a street address not a post office box.
6. Mailing address if different from the petitioner's street address.
7. Date of birth of the petitioner.
8. Place of birth of the petitioner.
9. Full name of the petitioner's father.
10. Full name of the petitioner's mother including her maiden name.
11. Check the applicable box.
12. Check the applicable box. If yes is checked, provide the name of the facility and the location of the facility in which the petitioner is currently incarcerated.
13. Check the applicable box. If yes is checked, provide the name of the court which placed petitioner on probation
14. Check the applicable box. If yes is checked, provide documentation of the previous name change.

**PETITION FOR NAME CHANGE PER VA. CODE § 8.01-217
(ADULTS ONLY)**

DATA ELEMENTS, *Page Two*

1. Current name of the petitioner.
2. New name that petitioner is requesting the court to approve.
3. Signature of petitioner
4. State in which the signature of petitioner is acknowledged.
5. Locality in which the signature of petitioner is acknowledged.
6. Date petition is signed and acknowledged by clerk deputy clerk or notary public.
7. Signature of person acknowledging the petitioner's signature. Check the applicable box to indicate the title of the person acknowledging the petitioner's signature. If acknowledged by a notary public, please enter the date on which the notary's commission expires.

PETITION FOR NAME CHANGE PER VA. CODE § 8.01-217
(ADULTS ONLY)
Commonwealth of Virginia

VIRGINIA: In the Circuit Court of the [] City [] County of **1**

IN RE: **2**

COMES NOW, your Petitioner, **3**

and after being duly sworn states under oath as follows:

1. Petitioner's Birth Name: **4**
FIRST MIDDLE LAST SUFFIX

2. Residence Address: **5**
STREET ADDRESS
..... **6**
CITY STATE ZIP CODE COUNTRY

3. Mailing Address:
IF DIFFERENT FROM RESIDENCE ADDRESS

4a. Date of Birth: **7** 4b. Place of Birth: **8**

5. Father's Full Name: **9**
FIRST MIDDLE LAST SUFFIX

6. Mother's Full Name: **10**
FIRST MIDDLE MAIDEN CURRENT LAST

Answer the following questions by checking appropriate "Yes" or "No" box and providing information as requested.

7. Have you ever been convicted of a felony? **11** [] Yes [] No

8. Are you currently incarcerated? ** **12** [] Yes [] No

If yes, indicate facility name:

Facility Location:

9. Are you a probationer with any court? ** **13** [] Yes [] No

If yes, indicate court name:

10. Have you previously changed your name? **14** [] Yes [] No
(If yes, attach court order or other documentation)

**** Applications of probationers and incarcerated persons MAY be accepted if the Court finds good cause exists for such application. Attach explanatory documentation to the application.**

WHEREFORE, your petitioner further certifies under oath that this name change is not sought for any fraudulent purposes and will not infringe upon the rights of others, and pursuant to § 8.01-217 of the Code of Virginia, 1950, as amended, your petitioner prays that the Court order a change of name from:

1

to

2

3

PETITIONER

4

Commonwealth/State of

5

[] City [] County of

Subscribed and sworn to/affirmed before me on this date by the above-named person.

6

DATE

7

[] CLERK [] DEPUTY CLERK

[] NOTARY PUBLIC My commission expires: